



Medical Programs using appropriate
technology to rehabilitate
handicapped persons

HANDICAP INTERNATIONAL

AFGHANISTAN PROGRAMMES

ANNUAL REPORT - DECEMBER 1992

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- ORTHOPAEDIC TRAINING CENTRE FOR AFGHAN TECHNICIANS AND REHABILITATION UNITS IN AFGHANISTAN
- HANDICAP INTERNATIONAL
- ANNUAL REPORT
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FOREWORD

In September 1990, Handicap International has started a project in collaboration with two NGOs (IAHC, Islamic Aid Health Center, and MCI, Mercy Corps International). The objective of the project was to implement four rehabilitation units inside Afghanistan in order to start the production of prostheses for the numerous afghan amputees, whose most have been victims of mines. The collaboration with the two above-mentioned NGOs was partly due to the fact that Handicap International staff (Afghans and Expatriates) were not allowed to go inside Afghanistan.

At the end of 1991, only two out of the four units had started their activities, and the main problem for these units was the low number of patients. The two other units had not started yet mainly because of security problems, delay in the construction of the buildings and also the USAID ban which did not allow the transportation of the material inside Afghanistan.

Thus 1992 was not starting under the best conditions but however with the hope that the situation would improve thanks to a good collaboration between the three partners. The main objectives for the year were the starting of the production of the above knee prosthesis (in order to increase the target group), an intensification of the information campaign about the units, the increasing of the involvement of the partners in the management of the units, the organization of external monitoring and the opening of the two remaining units.

Not taking into consideration the non-starting of the Musa Qala unit, we can say that all the above-mentioned objectives have been successfully achieved. Thanks to the training held in the HI Quetta Center, the above-knee amputee patients can now come to Spendai (Ghazni province) and Dara (Helmand Province) where they can receive a prosthesis. Thanks to an intensive information campaign about the units, the number of newly registered patients has increased especially in Spendai (Ghazni province).

However, the most significant change for 1992 has been the signature of a new agreement between HI, IAHC and MCI. As a matter of fact, as from August 31st, 1992, each partner had to look for its own funds to support either the units or the Training Center. The financial relation with the partners was terminated and Handicap International was then considered as Technical Adviser and was in charge of the trainings for all the units. This new relation was appreciated by each partner as all financial discussions or arguments could be avoided and everything was based on the running of the units themselves.

Once again, the year came to its end with the impossibility to send some HI staff to the units, except for one day in Punjwai (Kandahar province). The main hope for 1993 is to see the situation inside Afghanistan improving and to be able to carry out HI supervision visits in the units and maybe to start some training in the field. This change would avoid the technicians to leave their unit in order to come to Quetta and would make possible to have a better view of the running of the workshops.

1. Completed activities

1.1. Training:

Although three of the four units have been quite disturbed during 1992, the technicians were able to follow a good training. They even attended more courses than originally planned as a few of them had to stay longer in Quetta following the non-starting of their unit.

One Above Knee (AK) prosthesis training session has been completed in May for two technicians, one from Dara/Baghran/Helmand and one from Spendai/Ghazni/Ghazni. It was the first AK training of this project. The aim was to extend the range of production of the units and thus the target groups. It seems that this training was usefull as the number of patients increased when these two technicians came back to their unit.

A second AK training session was started in August and will be completed in 1993. Once again, two technicians were attending this training, one from Spendai/Ghazni/Ghazni and one from Karni Manda/Musa Qala/Helmand. An other technician from Dara/Baghran/Helmand was supposed to attend this training but he did not show up because of personal problems. Later in October an other technician from Musa Qala was able to integrate into this course: as a matter of fact, he was following a refresher Below Knee (BK) prosthesis training but was enable to come back to his unit because of the fightings which were making the opening of the unit impossible. Then it was decided to train him in the manufacture of the AK prosthesis.

All these technicians received basic physiotherapy courses (theory and practice) about the stump examination, the gait training and other basic exercices.

Only one BK training was held for a new technician from Punjwai. This training will be completed in March 1993: at this time he will be able to join the two remaining technicians from Punjwai and bring an appreciated help as this unit is receiving the highest number of patients but have the smallest number of technicians (2).

Two refresher trainings about the BK prosthesis were organized in March-April and in September-October. It was attended by two technicians from Musa Qala, whose one was shifted to the AK training at the end of the year as it was useless for him to come back to the unit of Musa Qala, which had not started yet.

The global assessment of this training year is quite positive if do not take into consideration the technicians from Musa Qala who were not in a position to practice their technical skills. Moreover their training was sometimes disturbed as they had to come back to Musa Qala, called by their Commander for "personnal reasons". As a result, the training lasted longer than planned but finally could be pursued.

The AK training has made possible to help more patients in the units, especially in Dara (Helmand) and in Spendai (Ghazni). It would have been ideal if one of the technicians from Punjwai (Kandahar) had also attended one refresher BK training and then started an AK training during this year but unfortunately as there were only two technicians left in the unit, it was quite difficult to leave one of them alone, regarding the high number of patients. Hopefully these trainings will be carried out during 1993.

In March, one change was made within the structure of the Training Center: as a matter of fact, Mr Hafeez Ullah, the person who was responsible for the training had to leave for Peshawar in order to follow a one year course in Orthotic and Prosthetic mid-level technologies (This course will be completed in February 1993). Then he was replaced for the technical and training part by the head of the prosthesis section of the HI Rehabilitation Center, who carried out the training of the technicians on a part-time basis.

1.2. Rehab Units/Evaluation visits:

Dara team:

In spite of the political situation in Helmand, this Unit was running quite well. Thanks to the technician who followed the AK training and to the outreach worker, the number of patients consequently increased during 1992. According to the reports received by HI and the Outreach Worker's visit in Quetta, this one is able to make a good job as he can go to other provinces so as Uruzgan and Ghor and that most of the patients going to the unit are referred through him.

Three evaluation visits were carried out by the supervisor during this year. For a while, patients had some difficulties to come to the workshop as Baghran is surrounded by districts where the fightings were going on. However, according to the last Supervisor's visit in November, it seems that the unit is not facing this problem any more. The security inside the district is good anyway as there is the leadership of only one commander.

At the beginning of the year, a meeting was held with Dr Kaseem, medical supervisor of MCI for the area. The aim was to improve his direct supervision on the workshop and to tighten the relations. In spite of a light improving during the second 1992 quarter, it seems that the Unit was no more amongst his daily concerns for the rest of the year. Fortunately Dara is a good unit and does not suffer too much from this distant supervision.

Regarding the number of patients, the best now would be for one technician to come to Quetta for an AK training in order to meet the needs in this unit and to help his colleague, already trained, in this production.

- Figures from December 1990 to October 1992:

Number of patients seen: Below Knee Amputees: 37
 Above Knee Amputees: 12
 Others : 276

Number of patients referred: To hospitals in Afghanistan: 112
 To HI-Quetta for prosthesis: 10
 To HI-Quetta for others : 3

Number of devices given: B.K. Prostheses: 34
 Crutches : 297 (pairs)
 (A.K. Patients under training).

Spendai team:

The first evaluation visit was carried out during the month of May. A lot of information was received at that time as nothing was heard before from this unit.

The main problem faced at the beginning of the year was the low number of patients. HI tried to push in order to improve the information about the unit in the area. Some messages were broadcast on BBC Pashtu and the technicians spread information about the unit but it did not produce the expected result, which was supposed to be an increase in the number of patients.

In July, it was decided to buy a motorcycle to the supervisor so that this one could really improve the information and bring back some patients to the unit. It seems that it was a half-success: the supervisor coming for his second evaluation visit of the year presented good figures about the number of registered patients. However it was necessary to explain that the technicians should work with more than one patient at the same time, which would improve the number of people discharged and devices produced.

- Figures from October 1990 to September 1992:

Number of patients seen: Below Knee Amputees: 30 (one double amputee)
 Above Knee Amputees: 24
 Others : 25

Number of patients referred: to hospitals in Afghanistan: 5
 to HI-Quetta for prosthesis: 2
 to HI-Quetta for others : 1

Number of devices given: B.K. Prostheses: 17
 A.K. Prostheses: 1
 Crutches : 48 (pairs)

Karni Manda Team

This Unit is what could be called the Achilles'Heel of this project. In spite of the material sent to the unit in January, of the four technicians trained either in BK or in AK prosthesis and the building nearly finished, the unit did not start at all. At the beginning of the year, the main reason to this non-starting was the uncomplete building. Many arguments occurred between HI and IAHC about financial problems regarding the construction itself. A joint visit (IRC-HI-IAHC) was planned in May but had to be cancelled due to the unsafe situation in the province and nothing could be monitored.

Unfortunately the following events have just cancelled the hope of seeing this unit working: as a matter of fact, in June, the fightings started and the Unit was looted. All the material disappeared and although the building was undamaged, the activity could not start once again. HI was aware of all the details of this situation only in August.

Then came the time to decide who would refund the unit: HI, IRC or IAHC. As the financial part of the project between HI and IAHC was over on August, 31st, 1992, the decision was made to let IAHC to look for funds by itself. Meanwhile, IAHC expressed the idea to transfer this unit to Kajakai, as it has been done for its hospital, and this for safety reasons.

It seems that everybody was ready to give a new chance to this unit and to support it during one year: unfortunately, the end of the year brought bad news as once again some incidents occurred in this part of Helmand and the main donor started to be very reluctant to give any assistance to this area (*).

Apart from the fact that no amputee people can be assisted in this area, the main problem faced now by the different partners is the non-activity of the technicians, especially two of them who are working very well. These ones are following an Above Knee Training till the beginning of 1993 but after this, it will be impossible for them to work as their unit is non-existent. One of the solution was to send them to Punjwai in order to make possible for the two technicians of this unit to go to Quetta and attend their BK refresher training. Unfortunately, following a incompatibility of "political views" between the commanders of these districts, it is completely impossible to apply this solution. The last solution would be to keep the two technicians in the HI Rehabilitation Center in Quetta so that they can help the prosthesis section if necessary. The decision will be made in January 1993, after a meeting with Dr Kaseem, representative of the Commander of Musa Qala.

(*) At the printing date of this document, it is confirmed that USAID will not support the unit of Kajakai and all other projects of this area as long as the situation remains unstable and unsafe.

Nakhouni Team:

All the team started the year with the end of the USAID ban (prohibition of sending any material inside Afghanistan) . This ban made the technicians inactive for 5 months. During the first quarter, the supervisor did not come to Quetta but we heard through radio contacts that the first patients had started to come to the unit. The material was sent for the first time on the 25th of January, six months after the end of the training of the technicians.

Then the main problem was the building which was not completed before the end of the year. This was due at the beginning to the bad weather conditions, to security problem and also to a small argument between MCI and HI on the location and size of the workshop. Till the end of the year, the technicians passed from one temporary building to an other one. The first one was so dark that the supervisor had to go outside to fill his registration papers. In December, they were working in a building normally used by mujahideens: this was not facilitating the work of the unit as the technicians were facing some difficulties to delimit their own working area.

The supervisor of the unit carried out three supervision visits during the year and, in spite of the difficulties met by the team, he always brought good news regarding the activities of the unit. As a matter of fact, Punjwai is the unit which has registered the most patients in the shortest time. The production was the same (17 BK prostheses) for Punjwai from February to September 1992 than for Spendai from October 1990 to September 1992.

The collaboration with the MCI hospital is still good: doctors refer patients to the workshop and the technician receive personal treatments at the hospital in case of sickness.

Unfortunately the news were not so good regarding the technicians: as a matter of fact, one was killed during the releasing of Kandahar City, in May, and the other one, after various arguments with his Commander decided to leave the unit. He came to Quetta but disappeared a few months later. Thus only two technicians are working in the Unit and can only produce BK prostheses. A new technician is actually attending a BK training in Quetta and should join the team during the month of April. Hopefully it will make possible for one of the remaining technicians to come to Quetta and follow a BK refresher training.

One unexpected evaluation visit from the local manager of the HI training centre and one HI physiotherapist expatriate took place in Punjwai on the 29th of July. They were going along with a UNHCR mission to try to evaluate the needs of the disabled people in Kandahar. During this stay they got the opportunity to go to Punjwai. It seems that the work done there was good either regarding the quality of the prosthesis or the administrative

management of the patients (technical cards, patients registration,...). The HI physiotherapist checked the physio exercises which were very well done by the technicians.

A motorcycle was purchased for the Unit to be used for an outreach purpose as well as for the relations with the shura and other agencies.

- Figures from February 1992 to September 1992:

Number of patients seen: Below Knee Amputees: 24
Above Knee Amputees: 42
Others : 75

Number of patients referred: to hospitals in Afghanistan: 22
to HI-Quetta for prosthesis: 46
to HI-Quetta for others : 45

Number of devices given: B.K. Prosthesis: 17
Crutches : 72 (pairs)

Zindajan team:

It was a non-activity year for this unit. Although it was known that the building had been damaged during May 1991 and that no work had been done since that time, we only received the visit of the supervisor during the month of July 1992.

Meanwhile we heard that the International Committee of the Red Cross (ICRC) was ready to send a team to Herat and start the construction of a prosthetic workshop in the City. Then, in order to avoid any duplication in the activity, it was decided by HI not to transfer the unit of Zindajan to Herat, as it was requested by Ismael Khan, Commander of the Herat Province.

In December, HI had not received any news from this unit yet although two letters were sent to Ismael Khan to explain HI's position. However, Mr Rodger Doran, UNHCR medical coordinator, went to Herat and visited what remains from this unit. The building is still there as well as a part of the devices but nobody of course was working in.

HI's staff hopes to see by its own eyes what the situation looks like in the city and the surrounding areas during the first quarter of 1993.

1.3. Partners:**MCI:**

The collaboration with this partner has been working quite good during 1992. The unique problem faced on the field was the collaboration with Dr Kaseem, MCI medical supervisor for Dara (Helmand). His supervision on the unit was non-existent but, fortunately it did not hamper the good running of the activities in this workshop.

MCI did not seem to have any problem to find some funds to run the two units after the end of the financial agreement with HI. on the 31st of August. MCI sent a proposal to USAID during the second quarter, which was accepted quite quickly.

As many NGOs in Afghanistan, MCI has started to follow the salary scale fixed by the Ministry of Health in collaboration with MSH. This means that during the year, MCI had to reduce the salary of the technicians but tried to make up for this decrease by giving some incentives. In the same way, patients had to pay a symbolic amount of money for any consultation in the MCI hospitals or in the workshops.

In September the new agreement was signed. HI was becoming the technical advisor and was able to give advices to MCI through the supervisor's visits in Quetta and the training of the technicians in the HI Training Center.

A visit to Punjwai is still planned when an HI team is going to Kandahar in February 1993. The idea of transferring the HI Training Center to Kandahar was not faced by any objection at MCI. As a matter of fact, it seems that MCI can carry out the debriefing of its own staff in its Kandahar office.

IAHC:

Although the collaboration with IAHC was also quite good, it has been interrupted by several arguments during the year. The main one was concerning the Musa Qala Unit, the funding of its workshop and the refunding of the material after the looting. All details are explained in the chapter about the Karni Manda/Musa Qala Unit (p.7). At the end of 1992, IAHC was no more in a position to pay for the salaries of the technicians. Except keeping two of these technicians in the HI Center in Quetta if necessary, HI is not able to do more for this unit, as long as the situation remains unstable in this part of Helmand.

The project of starting some vocational training has been cancelled. At the beginning, HI did not want to get involved in a new activity, which could not be directly supervised by HI staff (due to HI's ban to send any staff inside Afghanistan). Then IAHC removed this idea from its priorities.

As with MCI, a new agreement has been signed in September. The evaluation visits are still going on, especially for the Spendai/Ghazni Unit, which is working quite well, as they have now more patients. HI is officially the technical Advisor of the project and still carries on the refresher or new trainings of the technicians.

Jamiat Health Committee (Zindajan):

During the first quarter, the Jamiat Health Committee has renewed its requests for the re-start of the activities in Zindajan. As explained in the precedent chapter about the Zindajan Unit. HI did not want to start anything before getting a better view of the situation and meeting the supervisor of the unit, who might have brought new information and pictures. Moreover if HI started anything new in Zindajan, it would have been on the partnership model used with IAHC and MCI as HI was no more in a position to send anyone inside Afghanistan.

After the supervisor's visit to Quetta in July 1992 and the confirmation that ICRC was sending some staff to Herat to start the construction of a prosthetic workshop, a meeting was held with the representative of the Jamiat Health Committee from Peshawar to explain HI's position. H.I. had been working in collaboration with ICRC for a long time and knew how high the production of its orthopaedic centers could be. In these conditions, it was important to avoid a duplication of the services in Herat City. This decision did not involve the fact that HI would not be present in Herat Province but its activities would certainly not concern the production of prostheses. HI would deal only with patients suffering from poliomyelitis or other disabilities but amputations as ICRC production would be enough to meet the needs of the amputated patients. The references of the 5 prosthesis technicians working with H.I. in Zindajan have been given to ICRC in order to give them a chance to be re-employed in its Orthopaedic Center.

In December, nothing has been heard from Herat but the Jamiat Health Committee will be contacted in case a Handicap International staff can go to this province during the month of February.

1.4. Miscellaneous:

Contacts / Visits

* Meeting with a representative of the Spen Boldak Shura (Hadji Niamatullah Khan) in January to inform him about the services existing inside Afghanistan and in Quetta, and ask for his support.

* First meeting with the Quetta representative of the Jamiat Health Committee in January. Request from HI for the visit of the Zindajan Workshop Supervisor. In February, meeting in Peshawar with Dr. Mahmood Shah for the same purpose, and submission to H.I. of their Project Proposal for the restart of activities of the Prosthetic Workshop in the Province. Third meeting in July with the Quetta representative of the Jamiat Health Committee to explain H.I.'s new position about its future in Herat Province. Last meeting with Ismael Khan Representative in Peshawar to confirm the impossibility to transfer as such the Zindajan Unit to Herat (see above-mentioned, p.11).

* Three visits to Peshawar of the HI Coordinator allowed him/her to keep in touch with all agencies partner in this project or likely to give some help in its development (IRC - MSH - AVICEN - Jamiat Health Committee - SGAA...). During the first visit, in February, the coordinator also attended a meeting at WHO, gathering all agencies involved in programmes for physiotherapy and production of orthopaedic devices for Afghan Refugees and inside Afghanistan. The aim was to coordinate efforts and avoid duplication or too big disparity in the services offered. Were present: HI, WHO, ICRC (Kabul and Peshawar), UNDP, GTZ/Petcot. SGAA. The third visit, in October, was organized in order to attend a UNHCR workshop on the assistance to the disabled refugees. The coordinator took this opportunity to meet HI's partners and discuss about the project.

* The Technical Advisor of the HI Training Center, went to Peshawar in November to spend some time with Mr Hafeez Ullah (see more details in the "Completed activities / Training" chapter, p.5) and assist him during his studies in Peshawar. He had also the opportunity to meet many people relating to the project and to other activities for disabled in Afghanistan (Sandy Gall's Appeal for Afghanistan, GTZ,...).

* In late February, contacts were taken in Quetta with the manager of the BBC/Pashtu Service, M. Gordon Adams. He was very positive on the possibility to broadcast an information paper about the Rehab Units in Afghanistan. A few days after this, the responsible person in London for Village Voice/BBC called the H.I. Coordinator and made a interview about H.I. programmes for Afghans, to be broadcasted in Pashtu and Dari. A BBC survey showed that they have a audience of almost 600.000 listeners.

BBC broadcast the information in Pashto about the Rehab Units in the "Village Voice" Programme on Thursday 21st May. They produced

a special feature using the material supplied by HI. As more information were sent to them about HI activities in Afghanistan, the message was broadcast once again on July 2nd. Although it did not produce the expected result for the units, it was a good opportunity for HI to make itself known.

* In July, Ms Ariel Ahart and Mrs Diana Jelich came to Quetta to carry out an IRC audit of the project. This audit was very useful for HI staff as it was an external glance at the project and good questions have been raised at this moment.

* An independent audit of H.I. financial statements was made in January for the period from September 1990 to December 1991. by Ford, Rhodes, Robson, Morrow, Chartered Accountants in Islamabad.

* Mr Javeed, from IRC Peshawar, came to Quetta in March for a first financial audit on the accounts and came back in July with Mr Yonus, from the same office. One of the aims of this audit was also to clarify which amount of money would remain from the grant allocated by USAID to the project at the end of August.

* In August, USAID approved the extension of the project and the grant till February 1993 (extension of six months). The remaining money covered the running costs of the training centre in Quetta as well as a part of the training in Peshawar of the former training manager of the HI Quetta Centre.

2. Uncompleted activities

The main uncompleted activity for 1992 was obviously the non-starting of the Musa Qala Unit. All the details have been explained above (p.7, "Karni Manda team"). Financial argument between HI and IAHC, fightings in the district, looting of the workshop and stop of the USAID financial support for the area: it seems that everything had been gathered during 1992 so that nothing could be completed in this unit except the training of the technicians in Quetta.

The Technical Advisor planning did not allow him to complete any research on the cosmetic and foot improvements. Some trials have been made at the end of the year with the great help of the head of the prosthesis section in HI Center, who is also responsible for the training of the technicians. Research will go on during the first months of 1993 and should be completed quite quickly so that a definitive foot can be produced and sent to the Units.

It was also planned to use the production of the WHO component workshop in Peshawar. However this workshop met some difficulties to start its production and meanwhile it has been decided by Handicap International to postpone the use of a mid-level technology in the units for a few reasons: no electricity in many places inside Afghanistan, no presence of any HI expatriate to supervise such a new technology and need for the technicians to be very familiar with the technology used for the moment before using any other one.

The vocational training programme did not start as planned. Regarding the problems of supervision and evaluation from Quetta, HI has decided not to be involved in this programme. To add another activity in the rehab units would raise once again the difficulties met by HI to manage a programme at a long distance. The same decision was made concerning the UNESCO project (recycling of plaster used in the manufacture of the prostheses).

Except for a short visit to the Punjwai Unit by two staff from HI, no expatriate was able to go to one of the units for a monitoring visit. HI is now waiting to go to Kandahar for a first exploratory mission and will take this opportunity to send someone to Punjwai, and maybe to Ghazni if the weather makes it possible.

3. Unanticipated activities

M. Hafeez Ullah, Training Manager, left in March for Peshawar, where he had the opportunity to follow a Mid-Level course for Orthopaedic Technologists, given by GTZ/PETCOT training unit. This course is recognized by the University of NWFP and will give him a BSC degree after a 12 months training. This was a unique

opportunity to give to this skillful technician a recognized position in the profession for the future in Afghanistan. This training is partially funded by the Swedish Committee for Afghanistan in Peshawar, but all allowances and living costs for the student from Quetta had to be funded by HI, financially helped at the end of the training by USAID, through IRC.

One of the technicians working in Punjwai Unit has been killed during the releasing of Kandahar city and an other one left the Unit following several arguments with his Commander. These events brought the number of technicians working in Punjwai Unit to two only and made impossible to give them any Below Knee refresher training or Above Knee training which would have been useful as their Unit was receiving a lot of patients. It was also necessary to hire a new technician and start with him a new Below Knee training in Quetta.

To a certain point the "non-starting" of the Musa Qala Unit could be also considered as an unanticipated activity. The end of the year was reached without any single device produced by this unit for the reasons already mentioned. Moreover the time spent to discuss about the construction of this workshop and to build it seem to have been useless. Following the fightings in Musa Qala, it had also been decided to shift this unit to Kajakai, which was finally not achieved because of lack of funds. The only victims of such a delay have been once more the patients in need of orthopaedic devices to recover a normal daily activity.

5. Projected activities

A brief report (to avoid any duplication with the IRC evaluation report) will be written by HI staff about the past two years of the project (from 1990 to 1992). The aim of this report will be to present all the difficulties or the good results faced by HI during the implementation of the project: Which lesson can be learnt from this kind of collaboration? What would be done if HI had to start again a collaboration like this one? Which advice should be given? This report should be achieved during the first quarter of 1993.

The new agreement signed between HI and its partners in September will be applied till August 1993. In case the situation is changing a lot inside Afghanistan, some amendments will be added. HI will remain a technical consultant and will continue to carry out the administrative and technical supervision through the regular visits of the unit supervisors in Quetta. Technical advices will be brought to the partners through meetings and reports.

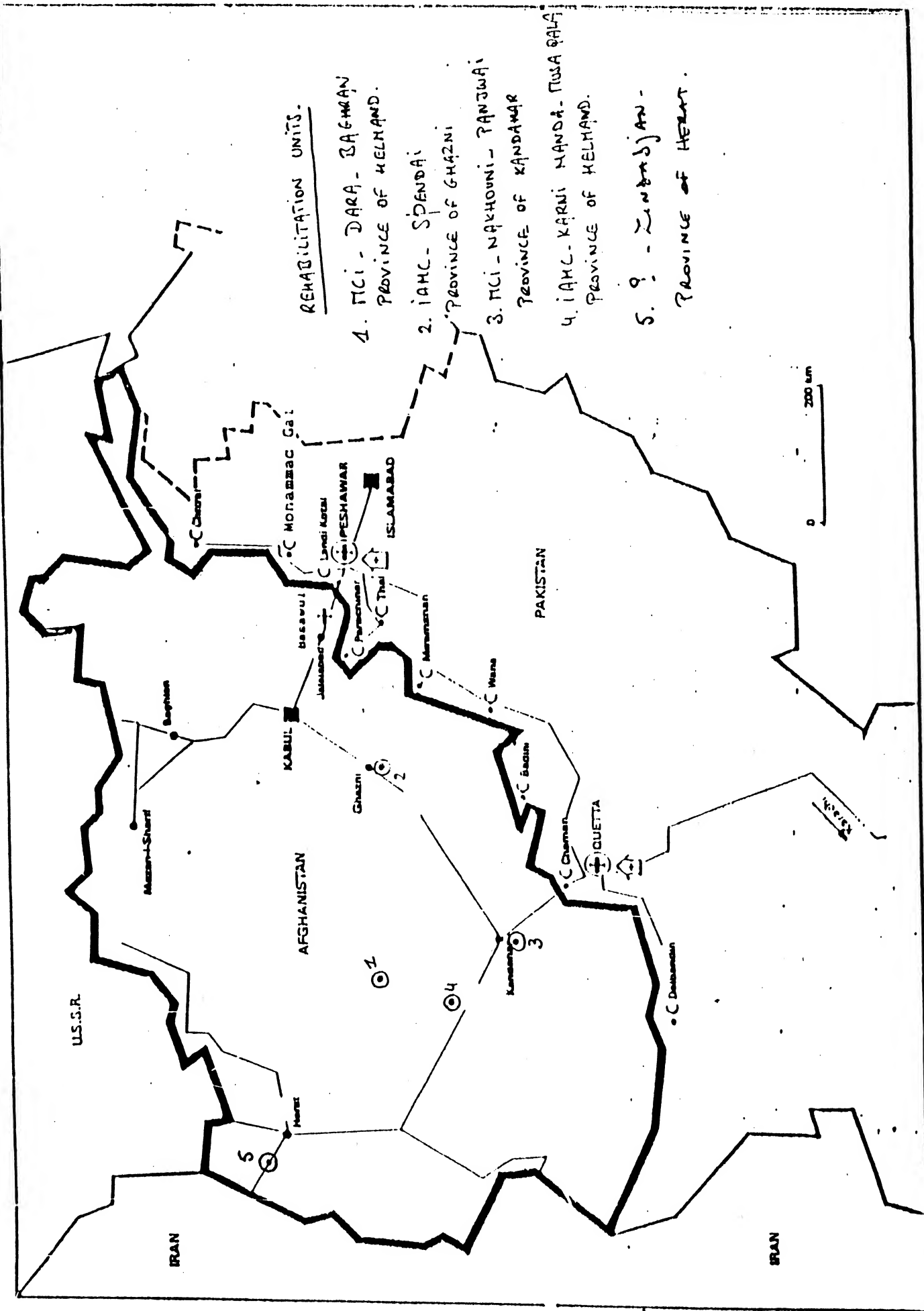
A solution will have to be found for the two technicians from Karni Manda/Musa Qala, who are at the present time in Quetta to follow their AK prosthesis training, which should be achieved during the two first months of 1993. The Unit from Musa Qala (transferred to Kajakai) will not be funded by USAID, as long as

ANNEXES

- 1) SITUATION MAP OF THE REHABILITATION UNITS
- 2) COPY OF THE NEW AGREEMENT BETWEEN HI, IAHC AND MCI

AFGHANISTAN

ANNEX 1.



INTRODUCTION

After having collaborated together for the setting up of 2 Orthopaedic Rehabilitation Units inside Afghanistan, the last agreement between MCI and HI is terminating at the end of August 1992. The budget allowed by USAid, via IRC, to HI, for the funding of this common project is finishing at the same date.

The project being continued after this date, and the terms of the collaboration being changed for the future, it is necessary to write a new agreement, specifying the responsibilities and the involvement of both Partners, MCI and HI.

Indeed, the collaboration between MCI and HI remains necessary to continue to develop the Units activities and to ensure a smooth running with a good quality of the services offered to the afghan citizens. But this collaboration will be built on a new basis, described hereunder, based on the abilities of each Partner.

The old agreement will remain a reliable source of reference for the future, to know the spirit of this collaboration and to solve problems relating to the past, before this new agreement.

As written in the first agreement, after these 2 years managed and funded through HI, there will be a transfer of the general management and running responsibilities from HI to MCI. MCI will also be directly funded and responsible for the management of those funds.

After August 1992, MCI will be entirely responsible, keeping relationship with its Funder and receiving advices from HI on the technical aspect, for the running of the Units and the strategic decisions which have to be taken concerning the evolution of the project, from the administrative, financial and management sides.

After August 1992, HI will be discharged from his financial and management duties, and will remain only the technical and disability specialised advisor of MCI, concerning the running of these 2 Units. MCI will supervise inside the implementation of the decisions taken together.

RESPONSIBILITIES OF MCI

MCI will be the general manager of these 2 Units, with the advising help of HI concerning the technical and disability aspect of the project.

IT means that :

- MCI's inside Operation Office will remain as a contact office for this project. Dr Imam, the MCI Head of Health Division, and his assistant, Mr Hassad, are the contact persons dealing with this project.
- MCI will share any important ideas or decisions in connection with the units inside Afghanistan, with HI and the Funder.
- MCI will directly contact its Funder to provide the running costs of the workshop and the management costs of MCI. MCI will carry out complete financial work of the project, as required by its Funder.
- MCI will be a close support of the Units teams, in order to get well managed and well organized Units
- MCI Supervisors for the areas concerned will supervise the work of the Units staff and help them if necessary.
- MCI will supervise the integration of the Unit in the local context and will try to increase the contacts between the medical and administrative structures existing and the Units.
- MCI will keep sending regularly Supervisors and Technicians to HI for evaluation visits
- Following these evaluation visits, MCI will implement all technical and administrative advices of HI, as a Partner, to improve the workshop activities.
- MCI will also implement the Units requests approved by HI in their reports, after evaluation visits, according to the budget imperatives.
- MCI will continue to ask advices from HI regarding the registration of the patients and concerning the filling of the statistic forms by the Supervisors. The Supervisors will also continue to write and to bring their monthly reports to HI.
- In order to improve the technical follow-up, MCI will accept to involve HI staff, on HI request, in their monitoring teams going to assess the Units.

- MCI will prepare regular reports of the activities of the workshops after the evaluation of the project by a joined team or by its own Supervisors, from the managerial and administrative points of view. They will send regularly these reports to HI.
- MCI will consult with HI about the assessment of the technical work. MCI will be ready to send Technicians for any refresher trainings at the HI workshop of Quetta, following the HI advices.
- MCI will provide accomodation, salaries and all the necessary means to enable these Technicians needing refresher and complementary trainings in the HI workshop, to attend efficiently these trainings. MCI will complete the expenses not covered by HI (see HI responsibilities).
- Means will also be given to the evaluation visit in Quetta staff to meet the HI monitor.
- MCI will discuss and share ideas with HI and the Funder in case there is a change of the situation (internal to MCI, political setting up,...) affecting the project activities inside Afghanistan.

RESPONSIBILITIES OF HI

HI will be the technical and disability specialised advisor of MCI, but will not be involved anymore in the funding or management of the Rehabilitation Units and their staff.

It means that :

- Mr. Mirwais Farahi, Co-Manager of the Training Centre Programme, will be the HI local person for the contact with the Partners. He is going to work full time on this project.
Ms Florence Thune, HI Coordinator, Ms Bartha Boualam, HI Administrator and Mr Patrick Delperdange, the other Co-Manager, are the responsible persons in charge of the Training Centre Programme.
- HI will remain free anytime to provide technical advices or to give its opinion to help the Partner make the most technically sound decisions, concerning the Units. At this time, the Partner will do its best to act in the field according to the HI advices, so that the technical running of the workshops is always improving.
- Generally speaking, HI will remain in contact with both MCI and its Funder. Consequently, HI will sent all its reports about the Unit situation to the Partner and to the Funder.
- HI will continue to receive the evaluation visit of the Supervisor and one Technician of the Units, in Quetta, following a schedule decided by HI at the end of the former visit and approved by MCI before the leaving of the Supervisor.
- During the time of the visits, none expenses of the staff will be paid by HI, which will refer the Unit staff to MCI in case of financial requests, such as transportation, food, accomodation and medical cares,...
- HI will only support the expenses directly related to the visit assessment and its implementation by HI, such as photographies printing, photocopies, documents provided,... and HI internal expenses.
- During those visits, HI will have interviews with the Supervisor, to try to assess the Unit situation, going through the documents brought back by the Supervisor.
- HI will check the way of registration of the patients by the Supervisor, the filling of the statistic forms and will try to get out the different kinds of patients, and the cares they received.
- HI will go through the store inventory with the Supervisor and the Technician, will analyse the situations and the requests of the workshop to finally decide about any needs of the Unit.

- If anything has to be bought following the HI advices, HI will take care of the purchases, after having submitted the list of the needs and an estimation of the prices by item to MCI for previous approval from their side.
- In case MCI agrees with all or some purchases which have to be done, they will give advance to the HI responsible person for those expenses. This one, after the purchasing, will send to MCI a list of the exact quantity of the items bought, joined with the accountancy regarding these expenses.
- HI will work with the Technician who comes with the Supervisor, to check his knowledges. If necessary, he will remain and work in the HI workshop of Quetta to improve his abilities, with the agreement of MCI.
- Time will be taken to discuss with the Technician about the technical difficulties they have met with the patients, about special cases or changes they proposed.
- HI will also have an interview with the Technician to know his point of view about the situation and to get another point of view than this one of the Supervisor. It is also the opportunity to be aware of eventual problem in the bosom of the team.
- At the end of the evaluation visit, HI will request a meeting to the Partner, in presence of the 3 parts (MCI, the Unit, HI), to finalize the visit and take decision together.
- After the departure of the team, HI will write a report summarizing the informations collected, the requests, the supplies and the decisions taken, and will send it to MCI and to the Funder, as soon as possible.
- If the opportunity can be taken, according to the Afghanistan political situation and the HI policy, to send some monitoring teams inside Afghanistan to assess the work of the Units, HI will be part of this teams. It will enable HI to have a better assessment of the technical level of the Unit, and to take decisions consequently with MCI.
- Following these eventual visits, HI will have meetings with MCI to discuss about the state the Unit and the staff have been found and to change what has to be changed. And a report will be written by HI, explaining the situation and the decisions taken accordingly. This report will be sent to MCI and the Funder.
- HI will organize refresher trainings for the students, on the minimal basis of 1 month per year per technician, and more if justified by the weakness of the Technician. The timetable of these trainings will have to be fixed according to the vacancy in the HI training centre of Quetta (max capacity: 4 or 5 trainees), the needs in the Units, the visit of the Technician with his Supervisor and the plan of the Partners.

- During the period spent by a Technician in Quetta for training, HI is ready to cover the following expenses, but only when directly spent by HI (no refunding to MCI or to one of the staff) and requested in advance :
 - Food for the lunch of the working days.
 - Travel between the HI workshop and the MCI guest house.
 - Costs of the training.
 - Any unforeseen expenses relating to the technicians, due to the trainings.
- HI will increase the skills of the Technicians according to the needs of the Unit and the improvement of the technology, without forgetting the autonomous situation faced by the Unit team.

ADDENDUM

- * In the Afghan context, it is impossible to know how the situation in the country will change. Maybe tomorrow, maybe the next month, maybe the next year, it will be possible for the NGOs to go in the country to implement usefull and efficient programmes.

HI also belongs to those NGOs which want to go to work inside Afghanistan when the situation will be stabilized and will allow an efficient work, in safe security conditions.

At this time, it is sure that the collaboration between HI and its Partners will change.
In a first time, HI will for example be able to implement the evaluation visits in the field, and not anymore from Quetta.
In a second time, HI will perhaps work itself inside Afghanistan and permament presence of HI staff will perhaps be possible.

It is certain that in such a context, a new agreement will have to be written to define the new collaboration. But, by the present agreement, HI wants already to preserve its right to go on the field and to visit the Units, keeping the Partners informed.

In case of a translation of the HI activities inside Afghanistan, new decisions concerning the future and the evolution of the Units will raise. HI wants to be part of these decisions, as its role of technical and disability specialised advisor will remain plenty usefull, and perhaps even more necessary.

Such a situation will certainly bring a lot of positive changes in the collaboration between the Partners. It will have to be discussed deeply at this time.

HI considers that this way of work is an important part of his responsibilities, included in this new agreement.

- * It is interesting to keep in mind that HI is signing a similar agreement with another Partner, IAHC, concerning the follow-up of 2 similar Orthopaedic Rehabilitation Units, set up in Spendai/Ghazni/Ghazni and in Karni Manda/Musa Qala/ Helmand.

HI thinks that a collaboration between MCI and IAHC could be fruitfull for the development of the Units, for things such as advertisment, reference of patients,...

SIGNATURE

The 2 parts involved in this agreement are from one side MCI, Mercy Corps International and from the other side HI, Handicap International.

By signing this agreement, both parts mean their wish to continue the collaboration with each other and they agreed with the content of this agreement.

This agreement is the logical following of the first agreement both parts had together.

This agreement will be effective from the 1st of September 1992 up to the 31st of August 1993. Any extension will need the signature of another agreement.

This agreement will be the base of the collaboration between MCI and HI during this period.

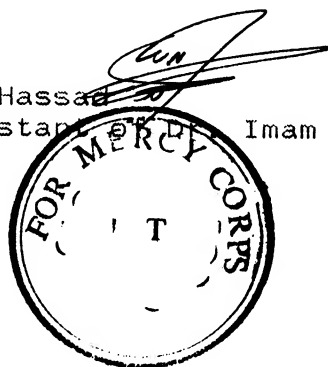
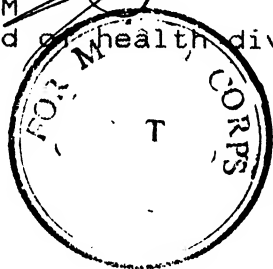
If important events happened regarding to the situation of one of the two parts, which can oblige to change the way of the collaboration, it will always be possible, by mutual agreement, to modify the present agreement.

For Mercy Corps International (MCI),

Date: 28.09.92

Dr. IMAM
MCI Head of health division

Mr. Hassad Imam
Assistant of Dr. Imam



For Handicap International (HI),

Date : 29/09/92

Mss. Florence Thune
HI Quetta Coordinator

Mr. Patrick Delperdange
Training Centre Co-Managers

Mr. Mirwais Farahi
Training Centre Co-Managers

